The MEDICAL MISSIONARY

An Agra Lady

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The MEDICAL MISSIONARY

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THE AMERICAN RED CROSS

A union of all who love, in the service of all who suffer

"A UNION of all who love in the service of all who suffer," is one of the most beautiful definitions ever applied to our National disaster-relief agency. Yet how literally this is true is felt by every one of the millions of American citizens who have responded to appeals of the Red Cross by pledging their membership dues at the annual Roll Call between Armistice Day and Thanksgiving, and by reporting at their local Chapter or Branch their willingness to accept volunteer duties.

Volunteer Service—one of the special services of the American Red Cross, has been called "the life-blood of the organization." The purpose of this bureau is to maintain in every Chapter a group of volunteer workers, trained by yearly work for prompt and efficient service in emergency and for carrying on current activities. Their efforts exemplify in a most impressive manner the spirit of the Red Cross in recognizing and responding to the unmet needs of the community. Inasmuch as the American Red Cross is essentially a volunteer and emergency organization, under its charter, the importance of the development and training of the Volunteer Service cannot be overestimated.

During the trying ordeals of the past three years of nation-wide depression there is scarcely a Chapter in the country that has not experienced a rededication of the spirit of service. There seems no limit to this spiritual outpouring which has made possible at minimum cost the delivery of the maximum of relief for millions of our unfortunate fellow citizens.

Red Cross Volunteer Service is divided into certain groupings determined by the nature of the work undertaken. Of the Chapters in which the purely volunteer activities are carried on, by far the largest number are engaged in some form of production, which seems to offer the widest field for the development of strong volunteer groups.

Production, in this period of unemployment with its acute needs, has been carried on all over the land at war-time strength. Today an army of 100,000 volunteers is meeting daily, as during the days of 1917, in parish houses, Chapter work rooms, Grange Halls and community centers to sew for the destitute. Their willing fingers are converting into clothing the 500,000 bales of government-owned cotton which Congress voted for relief purposes, delegating all the detail of its distribution to the Red Cross. Other articles, such as sweaters for ex-service men in hospitals; children's garments and layettes have likewise been turned out. Surgical dressings have been prepared by hundreds of thousands to meet an ever present need in every local hospital.

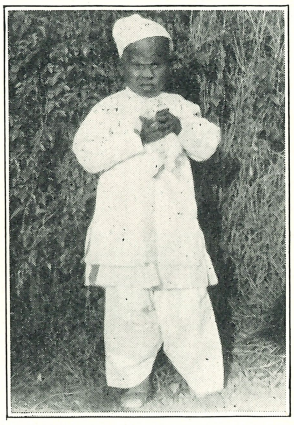
Every community has its Red Cross volunteer spirit. On the solid platform built up by these Good Samaritans there is room and to spare for every one of good will. In this time of distress none can escape concern of his stewardship; none can be apathetic of the plight of his fellows. In the union of all who love there is a place for everyone of us.

"THE KINGDOM OF HEAVEN IS LIKE UNTO LEAVEN—"

By A MEDICAL MISSIONARY

OF all the fascinating subjects the world affords for study, that of living processes commands the interest most powerfully. To see how life is spread from life, as fire from fire, how the living organism claims imperiously from its environment what it needs and what fits it, how it weaves what it seizes into the very texture of its own being, how the life actions are never without result but profoundly in their turn react upon the surroundings—all of this continuous play of energy and production of new individuals is a drama of which one who attentively studies and regards it, would never tire.

Some of the simplest household processes present wonders that the labors of many scientists cannot exhaust in explicating. The round-eyed child sees his mother put something frothy into a pan of flour and later sees how the whole mass is changed and becomes the bread he eats. The scientist talks of cells multiplied to enormous numbers, each cell itself a complex marvel of reactions and of enzymes. The Eternal Word, in making plain the manner of growth of His Kingdom said: "The kingdom of heaven is like to leaven, which a woman took and hid in three measures of meal, until the whole was leavened." Could any comparison be more perfect? There is the *living seed* of the Church, working *hidden,* in a great *mass,* and in the end the whole is leavened.



CHHOTA MALI

If you were to pick up and examine under the microscope any particular bit of this material in which the yeast is at work, you could see an inert mass being slowly mastered by the living force which has been set free in it. . . .

Chhota Mali

CONSIDER the Little Gardener. He has a name, of course; I even know that the first part of it is Ram. His father also has a name and has been working here at the hospital for two or three years; but we do not know his name. He is the Gardener and his son is the Little Gardener, (*Chhota Mali*), as is the custom in these parts. Mali is a thin, dour looking man who waters the flowers and otherwise waits upon them and who delights to make stars and cartwheels and such-like things in the hard ground. Perhaps it is his turn for the artistic; perhaps it has dawned upon him that earthen stars and cartwheels do not have to be watered. *Chhota Mali* is a round headed little gnome who skips and prances about the compound, chanting sometimes to himself and sometimes helping his father in small ways. He is about four years old now. He usually sports about clad only in a very brief shirt, but on Hindu festivals, rises to the height of raiment you see in his picture.

But the point in speaking of *Chhota Mali* is this: He hangs about the outskirts of the little school for the Catholic children here in the compound and somehow or other has learned to say the Our Father and Hail Mary and to make a sign of the Cross that would do credit to an archbishop. The chapel has a great attraction for him; when there is a service, *Chhota Mali* is in the front row and is the most attentive and best-behaved of the little urchins who come to church. He has been known even to silence the others with a severe eye and an admonitory finger—he, the lone pagan of the crowd. If one happens to be in the chapel at any odd time during the day it is quite the usual thing to see him come in for a brief visit, quite serious and minding what he is about, not missing the holy water font going or coming.

Under the present circumstances and humanly speaking, there appears no reason to hope that *Chhota Mali* will ever be instructed and baptized in the ordinary way in the Christian religion. But do you think it is possible that a little boy should voluntarily visit the Blessed Sacrament two or three times daily and pray, I believe, with his heart, and not have his life affected thereby? One would like to know the future of *Chhota Mali.*

Jiwan

THEN there is Jiwan. Jiwan grew up, practically, in a government hospital where her mother was employed as a midwife. The mother was not a good woman; in fact she was a very bad woman. She married off her young daughter to men—I do not know how many—who were not good (Mohammedans can get divorces rather readily) and the girl had a bad time of it. I heard this outline of her history from the doctor at the hospital. But somehow out of all her tribulations and her bad surroundings the woman emerged with good and steady character. She learned to be a nurse and midwife and worked

to support her children at a government hospital here. She has not much education, but has a talent for nursing and being a reliable character and a good worker, is respected by all. Once for several months we were in need of outside help and we hired Jiwan. After she was here a month or so she said she wanted to become a Catholic. This was a pleasant surprise, for it is not often that Mohammedans are converted in this district. However, she was evidently sincere, for she had nothing material to gain by such a change of religion and she toiled faithfully at learning the catechism for some months until she was ready for baptism. Once she related how she came to become a Catholic. Fifteen years previously she had learned of the Christian religion from some European lady—a doctor—I think, in another city. She had been on the point of being baptized when the lady suddenly left for home and so for the time, all died away, only to come to life again in Christian surroundings.

JIWAN'S partner in learning the catechism was a young Protestant girl who came here to be a nurse. She had been brought up a Presbyterian and for a time used to attend her Presbyterian Church on Sundays. After a few months she asked for instructions and was baptized on Holy Saturday, 1931. But that is not all. Now she wishes to become a Sister. Being a good and honest girl, very generous and unworldly in her disposition and being firm in her resolve so far, in spite of discouragements from her relatives, it appears likely that she has a religious vocation. At this moment she is visiting her relatives on her annual holiday. If she returns with their consent, as we hope, we must look about for her postulant's trousseau and see her off to one of the two native sisterhoods that are established in the adjoining diocese. This girl's sister has also entered our hospital to take training and has just become a Catholic, being baptized on Holy Saturday, 1932.

THE baptism of babies in danger of death and occasionally of mental defectives, who are for practical purposes like infants, is a source of great joy. Their ticket for heaven is put safely into their weak hands. Most of these babies die and so, as the decades go by, not only are they sent safely to bliss eternal, but India is being enveloped in a cloud of intercessors, for it cannot be that these holy and perfect souls should not make efforts continuously to obtain for their own people the happiness that has come freely to themselves.

Every Catholic church, school, hospital, orphanage or other institution which is set down in this country becomes a center of activity that acts surely though silently upon the inert mass of paganism. Every good Catholic is such another center. Every saint is a power-house of grace and spiritual energy for his surroundings.

"The kingdom of heaven is like unto leaven—."

Sister Mary Paul, God willing, will set out for Rawalpindi, in December, to give her very much needed services to the Holy Family Hospital. Our family there is small for the amount of work demanded.

When Our Lord called St. Paul on the Damascus road, he didn't say "Oh Lord, I hav'n't the price of my passage." St. Paul was a man of means, and what is more he didn't have far to go—at least not right away. With Sr. M. Paul, it is different: she hasn't the price of her passage, but besides her nurses' training and five and a half years' of wide practical experience, she has youth, courage and the generosity to give it all to the service of God in the medical mission field. Some hav'n't the generosity to give all to God but surely there are many of our readers who would like to feel that they have had a share in this great work which she is about to undertake.

SISTER M. PAUL

Our Treasurer was adding up her check book the other day and somehow, no matter how often she added it up, she couldn't make the figures run over into a new column. She heaved a little sigh, the larder was very low. Was St. Joseph forgetting her, she wondered. At that moment, she was called to see a man who had come to the door for something to eat. He had slept out all night and was shivering. Sister gave him hot coffee and a good breakfast. To show his gratitude he did some work in the garden, but, later when he was about to leave she saw that he was in no condition to sleep out another night, so she gave him a dollar. "That will come back to you," someone remarked. The next day Sister received a check.

Our faith in a generous response to this appeal is as great as Sister's was in parting with her dollar.

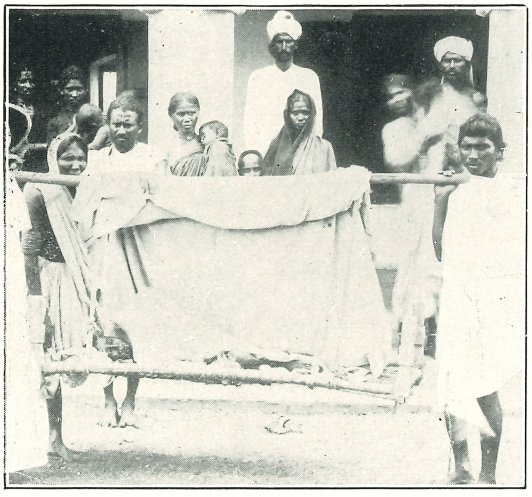
(Make checks payable to: Society of Catholic Medical Missionaries.)

THE WURZBURG YEARBOOK OF 1932*

The Mission Doctor Problem

IN his very interesting article on the Mission Doctor Problem, Rev. Meinulf Kusters, O.S.B., points out that it was only ten years ago when the duty of medical aid was confined to the immediate need of medical help. At that time one would have heard different opinions concerning the necessity of mission doctors; today we are all perfectly convinced of the absolute necessity of well trained ones. The spiritual need of missionary lands is inseparably connected with the physical need.

We are sorry to state, he says, that civilization has a degenerative influence on a country (bringing with it the two great plagues of alcoholism and venereal disease) and while the task of the mission is only to save those whom it is possible to save; its great aim is to create through christianization a people full of vitality. Under the old conditions this was impossible.



A MISSION AMBULANCE

It was necessary that the missionaries should first take a course in nursing. This the Brothers and Sisters did but without a trained doctor they found their knowledge inadequate and the results unsatisfactory.

On the other hand, the situation of the mission doctor is a very difficult one. He must have a thorough training in every branch of medicine, especially in tropical diseases. With this equipment, he must first instruct the natives in and lead them to a viewpoint of sanitation. Then he must conscientiously fulfill his duty in relation to missionary work and the missionary staff. Perfect ability of accommodation, the mastering of new situations, organizing talent—these are the qualities of a good mission doctor.

Not every physician should be employed as a mission doctor. The mission must be careful that above all its chief aim, the saving of human souls, shall be attained. Therefore the work of the doctor must manifest a religious background. The need is for a christian doctor who feels himself responsible to God. He shall not preach, of course, but he himself shall be a sermon in his works. With this interior exigency is associated a second, more exterior one, that of accommodation to the mission staff with whom the mission doctor has to work. The difference between a man mission doctor and a woman mission doctor must be emphasized—the position of the latter being by far more difficult. The mission holds itself responsible for the mission doctor it sends out. He, however, must not expect wealth, but a life corresponding to his social state, and a work filling perfectly his whole life. He cannot expect, in the beginning, a well equipped hospital, the necessary trained helpers, or all of the medicines. He must be prepared for great demands on his time and a sometimes extraordinary need which will try his patience, and a trying climate which will increase his irritability. Unless he is married and brings his wife with him—which is generally the wisest thing for him to do—he will be quite alone. The missionaries have their home and he will have little time or opportunity for intercourse with other Europeans besides them. The fact that he will not be able to share a home with the missionaries, often tends to augment this feeling of loneliness and exclusion.

He will have as his fellow workers Brothers and Sisters. They have over them two superiors, their spiritual superior, who is responsible for the religious life and welfare of his subjects, and the mission doctor who must concern himself with the work of the hospital and the welfare of the patients. There must be harmonious cooperation between these superiors, but with good will this is possible.

Incomparably more difficult is the life of an unmarried woman doctor in the missions. Her social life is with the Sisters whose education is unequal to hers, leaving her absolutely alone in her scientific work. Her infrequent communication with the missionary priests does not relieve this solitude. She, as a woman, cannot live alone in a house, so she must live in close proximity to the Sisters. However, as the Sisters' attitude is more reserved towards the woman doctor than that of the missionary priests and brothers towards the man doctor, her loneliness is not helped. Most women could not endure this for long.

"Is there a possibility for a woman doctor?" "Is it always a risk for her to go out as a mission doctor?" To answer the first question, there is a possibility that the mission doctor will not go to a lonely mission station but will be working with

* Continued from the October Number.

another doctor. This is not under all circumstances an advantage but one which is found in Europe. There is another way where there is no risk and that is that the woman doctor joins a missionary sisterhood as a sister. She who makes this sacrifice lays an ideal foundation for her work in the missions.

These are the personal questions of the problem of the mission doctors. Now let us consider the work in the mission field.

As we have said a mission doctor cannot be a specialist, or rather he must be a specialist in every branch of medicine. From the records of the mission hospital in Ndanda we learn that in one year 6,000 patients were treated for: skin diseases, affections of the lungs, heart, liver; intestinal, stomach and venereal diseases; eye and ear diseases; yaws and leprosy; smallpox, malaria, dysentery, typhoid fever; the treatment of wounds, and operations. All of these were the superhuman exigencies to be tackled by one woman doctor. If one thinks of the state of Dr. Drexler in China, who has to cope with the added complications of war and disorders, the picture becomes even more lurid. Can the mission doctor confine himself to his hospital? Is he able to meet the needs or even fundamentally to ameliorate them? The facts brought discouragement to Dr. Drexler. The great obstacle was that the women mistrusted him and so it was impossible to influence them.

Besides the European, there is the native physician. Frequently the European has to repair the latter's mistakes, though the results are attributed to the native medicine man.

Living conditions in most mission countries are deplorable. There is the frightful dirt of the Chinese homes which is the cause of many skin diseases, the indigestible food, inadequate clothing, and foolish customs. How does medicine help if the root of the evil continues to exist? Without the power to control the doctor cannot rely on the natives. He must first explain to the mission staff the need for hygiene and at the same time he must persuade and encourage the natives to follow the directions given to them by the mission. The threat of deprival of medicine in cases where there has been shown a neglect of the elementary necessities, works miracles. The mission doctor has to be on friendly terms with the native chief as the chief exercises a deep influence on his tribe. If he obtains the confidence of the chief, his way to the subjects is open, especially in sanitary reforms such as housing, food, clothing and agriculture. The teachers are also very useful to the mission doctor. Through them and especially through their wives the mission doctor comes in contact with families. Frequently, superstition on the part of the natives is the cause of their mistrust. The belief that sorcerers can cast a spell on persons by possessing a part of the body, such as, hair, blood, excrements, etc., renders a simple examination suspicious in the eyes of the natives. The mission doctor must not ignore native medicine and medicine men. If taken in earnest, the medicine man will give the mission doctor very useful information as he is not in the least afraid of competition with the European doctor. Inasmuch as primitive people have never separated medicine from religion and the mission doctor is a fundamentally religious man, his knowledge of the religious interpretation of the medicine man will give him a basis from which to work, not by severing this connection in the mind of the natives but by directing it into the right channels of the true religion. A thorough knowledge of the language is a matter of course.

In conclusion, Father Kusters says that the mission doctor must work in harmony not only with the mission and the natives, but also with the colonial government—the latter often aiding financially. The welfare of the people is their common aim, but their perception of it is not always the same.

These problems require a long and thorough study until the solution is found. The scientific problem is secondary in importance, we must first define the sphere of the mission doctor's work and find the means for that work, so that he and the medical work in the missions will become the essential pioneer work for the missions.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

THE Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Rev. M. J. Curley, D.D., Archbishop of Baltimore. The Society is designed to meet the need existing in all parts of the foreign mission field for Catholic medical women, willing to devote their lives and profession to the service of the suffering millions in non-Christian countries.

It is intended for qualified women: doctors, dentists, nurses, pharmacists, dietitians and technicians, etc., who feel attracted to the religious life, and who wish to continue to practice their profession in the service of God as foreign missionaries. These will find ample scope for their generosity in the Society of Catholic Medical Missionaries, whose purpose is to render medical aid, no disease or conditon being excepted, to Christians and non-Christians, and to bring the light and consolation of our Holy Faith to the people under their care.

The Society will also accept members who possess no medical qualifications, either with a view of training them in some branch of the profession after admission, or with a view to devoting themselves to non-medical work inevitably connected with the undertakings of the Society at home and abroad.

The requirements for admission are the same as for other religious communities.

The field of labor of the Society is not restricted to any one particular mission country. The Society conducts now two hospitals and training schools for Indian nurses; namely the Holy Family Hospital, Rawalpindi, Punjab, and the Mitford Hospital, Dacca, Bengal; the Society also conducts two public health centers in Dacca.

Please address inquiries to Dr. Anna Dengel, Catholic Medical Mission House, Brookland, Washington, D. C., U. S. A.

THE SOCIETY AT HOME AND ABROAD

SISTER M. ANGELICA

THE Feast of the Little Flower, the zealous patroness of all missionaries, is always looked forward to by us. This year on the Feast, Miss Clare McInerney, of New York, was invested with the garb of the Society. Rt. Rev. Msgr. C. F. Thomas officiated and was assisted by Rev. John C. McGinn, C.S.C.; Rev. Francis Quinn, C.S.C.; and Brother Bertrand, C.S.C. After a short and impressive sermon by Monsignor Thomas, in which he reminded the candidate of the words of St. Paul: "Eye hath not seen, nor ear heard; neither hath it entered into the heart of man, what things God hath prepared for them that love him", Benediction of the Most Blessed Sacrament closed the ceremony.

The Washington Auxiliary of the Society of Catholic Medical Missionaries held its first meeting of the season at the Medical Mission House on the afternoon of Sunday, October 2. The Very Rev. George Marr, C.S.C., opened the meeting with a sermon. He commended the Auxiliary for the great work it was doing by helping our cause. This was followed by Solemn Benediction of the Most Blessed Sacrament. Tea was served.

Fifty-six members attended the meeting and with their unfailing generosity and thoughtfulness brought us many necessary provisions to help us to start the winter. Knowing how hard times are, it is difficult for us to express, adequately, our gratitude to all the friends who from their own diminished resources continue to help us. We shall not forget them in our prayers.

RAWALPINDI

From Pindi they write: "Sad to relate, the water supply is 'getting no better fast,' the water being on only five hours in twenty-four sometimes. I think we shall have to follow the example of the other institutions and put down a well and an electric pump. This will mean an outlay of perhaps 5,000 rupees. Well, the Lord has provided for us so splendidly, heretofore, that we should not be so ungracious as to worry about it."

Our Prize Case

Gulabkaur (which is equivalent in English to "Rosie") came in with an ovarian cyst of huge dimensions said to have been present one and one-half years. One hot afternoon Gulabkaur and the cyst parted company in the operating room. The fluid and the sac came close to filling three pails. Gulabkaur went home on the tenth day in good condition, though probably feeling flattened out. Before the operation she weighed 145 pounds and after it 84 pounds.

THE SHADOW OF SAINT PETER

To clear a pathway for the living Word
They come, the unwearying teachers of the deed,
Christ's pioneers, to works of mercy stirred
That ears may open to His Church's creed.

As shadows cast by that which follows on
They move before the healer of the soul,
And once again, as on a day long ago,
Lo, Peter's shadow makes the sick man whole!

—*Enid Dinnis.*

THE AUXILIARY

KAGAWA AND HIS "KINGDOM-OF-GOD" MOVEMENT

"JAPAN is waiting for Christ!" "Christ will triumph in Japan!" is the slogan of the Kingdom-of-God Movement of which Toyshiko Kagawa is the leader and inspirer.

A Protestant missionary who worked with Kagawa in Japan, calls him a paid economist and philosopher, a Christian-socialist, mystic, and modern saint. Kagawa, who was born of rich parents, proved himself to be clever and eager for learning during his early school days. While pursuing his studies, he came in contact with Protestant missionaries who taught him English and later became a member of the Presbyterian Church. The ardor of the young convert urged him to bring to others what he believed to be the true faith and to go out and preach his new belief on the street corners. His family, disapproving of the young idealist's enthusiasm, disowned him, but Kagawa proceeded with his work among his fellows, especially the poor and needy.

The result was startling! From all sides people came to listen to him. They were magnetized by his powerful personality and followed him instinctively as their leader. Kagawa organized them into a new labor party with the aim to uplift the standard of the Japanese proletariate. Realizing the value of this organization as a counteraction against Marxism and Bolshevism the Japanese Government approved it. Kagawa's fame is now spreading through the East and West because of his new foundation, the "Kingdom-of-God" Movement. Its purpose is to spread Protestantism as widely and as rapidly as possible by means of social service work.

The program for this plan is outlined under three points:

First. The conversion of 1,000,000 pagans to Protestantism in 1930! Although this number was not reached during that year, Kagawa expects greater results from the influence on society of a small circle of "one-hundred-per-cent protestants," than from an immature and half converted legion of followers.

Second. The training of 5,000 catechists during 1931. It was Kagawa's aim to found in each district of the empire a training school for these future missionaries where they would get, not only a religious education, but a thorough agricultural training, so that they may be able to assist and instruct the people in their temporal needs. Church history is likewise on the schedule and the method followed in teaching this is characteristic of the spirit of Kagawa's movement. In this history are related facts concerning the Christian world which are purely social or economical, every difference in creed and dogma has simply been ignored. Side by side we may find in the contents of Kagawa's textbooks such men as Thomas à Kempis, Fox, Wesley and William Booth.

Last on this program for the year 1932 is his plan to promote the social welfare of mankind by the erection of communistic hospitals, savings banks, cooperating institutions in which there will be the lowest possible expenditure for food and maintenance, and diverse financial undertakings in common. In this way, Kagawa hopes to lay a foundation of Protestantism in Japan.

We can learn much from Kagawa's initiative although as Catholics we cannot altogether approve of his methods. Kagawa has understood that it is not enough to make converts, but that they also must be organized into a morally strong group which can withstand the attacks of social and political agitations as well as raise its own standard. However, he seems to take the economical side of his movement, not only as a means, but as the sole end of it. In all of his welfare work remarkably little is heard about God and the *direct* service of God.

The Catholic Church has always been, especially in our day of increasing Catholic action, a promoter of charity; but the essence of her "Glad Tidings" will always be the following of Christ, Who alone is the Way, the Truth, and the Light.

KATHOLISCHE MISSIONEM.

THE PRAYER OF POPE PIUS XI FOR THE MISSIONS

O Most Sweet Jesus Who, at the price of Thy Precious Blood, hast redeemed the world, turn Thine eyes of pity upon our poor humanity which lies, in so large a part, plunged in the darkness of error and in the shadow of death. Grant that the light of truth with all its radiance may illuminate it. Multiply, O Lord, the apostles of Thy Gospel: by Thy Grace, strengthen, make fruitful and bless their zeal and their trials, so that through them all infidels may come to know Thee and be converted to Thee, their Creator and Redeemer. Call back to the fold those sheep that go astray, bring those who would not into the bosom of Thy true and only Church. Hasten, O most sweet Saviour, the coming of Thy Kingdom upon earth; draw all men to Thy most tender Heart so that all may enjoy the incomparable blessings of Thy Redemption in the eternal happiness of Heaven. Amen.